

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/586558

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		1		1		
3		2		1		
4		2		1		
5		2		1		
6	0	0		1		
7	0	0		1		
8	0	0		1		
9	1		1			
10	0	0	1			
11	1		1			
12	0	0		1		
13	0	0		1		
14	0	0		1		
15	1		1			
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TOTAL IND.	9		9			
TOTAL DEP.	14	←	11	←		
TOTAL CLAIMS	23	[REDACTED]	20	[REDACTED]		

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						